EDITORIAL NOTE: Because this questionnaire was intended to provide names and addresses of relatives, many of whom would then be contacted directly for physical examinations and more detailed information, there was only minimal effort to identify the parents of relatives who might be half-brothers and -sisters. If the information provided will be the basis for constructing a family tree, the questionnaire will have to be modified in a number of places:

(1) Several of the pages have, in the upper left-hand corner, “To whose children does this chart refer?” Add instructions that say, (All individuals in this page should share precisely the same birth parents; start a new page of the same color if the mother and/or the father changes.)

This questionnaire is designed to be folded into booklet form. The page numbers will make it clear how to fold the pages appropriately.

OMB Number: 0925-0194
Expiration Date: June 30, 2000

_____
Family Number

FAMILY HISTORY QUESTIONNAIRE

For each question, please check or record the appropriate response. If your answer does not fit one of the responses provided, feel free to write in your answer.

STATEMENTS IN ALL CAPITAL LETTERS ARE INSTRUCTIONS TO YOU. SUCH STATEMENTS MAY INSTRUCT YOU TO SKIP CERTAIN QUESTIONS OR THEY MAY ASK YOU TO PROVIDE ADDITIONAL INFORMATION ON SOME FAMILY MEMBERS.

When you are asked to provide information about children, we would like you to include all stillbirths and children who may not have lived past infancy.

Please be as thorough as you can. If you don't know the answer to a question, please write DK in the space provided for the answer. There is space on page 16 for any additional information or other comments you may have.

1. On what date was this questionnaire completed?

|_____|_____|_____|
Month Day Year

2. Please record your full name, mailing address, and telephone numbers.

_____ _____ _____ _____
Last Name First Name Middle Name (Maiden Name)

_____
Number and Street Apt. #

_____ _____ _____
City State Zip

(_____) _____ (_____) _____
Area Code Home Phone Area Code Office Phone

3. When were you born?

|_____|_____|_____|
Month Day Year

4. Where were you born?

_____ _____ _____
City County State

OR

_____ _____
Foreign Country Year moved to U.S.A.

5. Are you male or female?

Male ..... ☐
Female ..... ☐

18. Who else might have more health information about your family?

NAME: _____

ADDRESS: _____

_____

PHONE: (_____) _____
AREA CODE NUMBER

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

_____

PHONE: (_____) _____
AREA CODE NUMBER

RELATIONSHIP TO YOU: _____

Please use this space to write in any additional information about your family's medical history or any other comments you may have.

_____

_____

_____

PLEASE BRIEFLY REVIEW THE QUESTIONNAIRE TO MAKE SURE YOU HAVE NOT OMITTED ANY INFORMATION.

Thank you again for participating in our study of disease in families. Please return all blank charts with your completed questionnaires and charts.

6a. Do you

6b. What is

7. What is

Englan
Ireland.
Germar
France
Italy .....
Greece
Easterr
Russi
Czecl
Scandir
Swed
Spain, I
Other E
Africa ..

8. Were y

9. Are you a twin or one of a multiple birth?

No..... ☐ GO TO Q.10
Yes..... ☐ COMPLETE Q.9a-c

9a. How many other infants were born with you?

_____
NUMBER

9b. Of those born with you, how many are of an identical relation with you?

_____
NUMBER

9c. Of those born with you, how many are of a fraternal (non-identical) relation with you?

_____
NUMBER

10. In what religion were you raised? Please note that this religion may differ from the religion that you practice as an adult.

None..... ☐
Catholic..... ☐
Jewish..... ☐
Greek Orthodox..... ☐
Mormon..... ☐
Seventh Day Adventist..... ☐
Christian Scientist..... ☐
Protestant..... ☐
If Protestant, what denomination?
_____
Other..... ☐
If Other, please specify
_____

CHART

Did this perso have cancer, a or a grow
Yes ☐ No ☐
_____ Type or site
_____ Hospital where c
_____ City
Yes ☐ No ☐
_____ Type or site
_____ Hospital where c
_____ City
Yes ☐ No ☐
_____ Type or site
_____ Hospital where c
_____ City
Yes ☐ No ☐
_____ Type or site
_____ Hospital where c
_____ City

PLEASE COMPLETE THIS CHART FOR ANY RELATIVE WITH CANCER FOR WHOM YOU HAVE NOT FILLED OUT INFORMATION IN EARLIER SECTIONS OF THIS QUESTIONNAIRE.

ADDITIONAL RELATIVES'

11. What is regular

Relationship to you	Name, date of birth and, if living, address and phone number
______ Relationship ______ Mother ______ Father ☐ ☐ ☐ ☐ ☐	______ (______) Last First Middle Maiden ______ Street Address ______ City State Zip Phone: (______) ______ Area Code Number Date of Birth: MO______ DAY______ YR______
______ Relationship ______ Mother ______ Father ☐ ☐ ☐ ☐ ☐	______ (______) Last First Middle Maiden ______ Street Address ______ City State Zip Phone: (______) ______ Area Code Number Date of Birth: MO______ DAY______ YR______
______ Relationship ______ Mother ______ Father ☐ ☐ ☐ ☐ ☐	______ (______) Last First Middle Maiden ______ Street Address ______ City State Zip Phone: (______) ______ Area Code Number Date of Birth: MO______ DAY______ YR______
______ Relationship ______ Mother ______ Father ☐ ☐ ☐ ☐ ☐	______ (______) Last First Middle Maiden ______ Street Address ______ City State Zip Phone: (______) ______ Area Code Number Date of Birth: MO______ DAY______ YR______

12. Did a p

12a.

12b.

12c.

12d. What is the name and address of the hospital or health care facility where the diagnosis was made?

_____
Hospital/Clinic Name

_____
Street Address

_____ _____ _____
City State Zip

13. What is your marital status?

Married or living as married ..... ☐
Widowed..... ☐
Separated..... ☐
Never married..... ☐
Divorced ..... ☐
Remarried..... ☐

IF YOU HAVE EVER BEEN MARRIED, ANSWER Q.14 THROUGH Q.17.
IF YOU PARENTED CHILDREN WITH A PERSON TO WHOM YOU WERE NOT MARRIED, CONSIDER THAT PERSON AS A SPOUSE.

14. What is the full name and birthdate of your current or most recent spouse?

_____ _____ _____ _____
Last Name First Name Middle Name (Maiden Name)

Date of Birth |_____|_____|_____|
Month Day Year

CHART

Did this perso
have cancer, a
or a growt

Yes ☐ No ☐

_____
Type or site

_____
Hospital where d

_____
City

Yes ☐ No ☐

_____
Type or site

_____
Hospital where d

_____
City

Yes ☐ No ☐

_____
Type or site

_____
Hospital where d

_____
City

Yes ☐ No ☐

_____
Type or site

_____
Hospital where d

_____
City

IF YOU HAVE ADDI

PLEASE COMPLETE THIS CHART FOR ANY RELATIVE WITH CANCER FOR WHOM YOU HAVE NOT FILLED OUT INFORMATION IN EARLIER SECTIONS OF THIS QUESTIONNAIRE.

ADDITIONAL RELATIVES'

Relationship to you	Name, date of birth and, if living, address and phone number
______ Relationship ______ Mother ______ Father ☐ ☐ ☐ ☐ ☐	______ (______) Last First Middle Maiden ______ Street Address ______ City State Zip Phone: (______) ______ Area Code Number Date of Birth: MO______ DAY______ YR______
______ Relationship ______ Mother ______ Father ☐ ☐ ☐ ☐ ☐	______ (______) Last First Middle Maiden ______ Street Address ______ City State Zip Phone: (______) ______ Area Code Number Date of Birth: MO______ DAY______ YR______
______ Relationship ______ Mother ______ Father ☐ ☐ ☐ ☐ ☐	______ (______) Last First Middle Maiden ______ Street Address ______ City State Zip Phone: (______) ______ Area Code Number Date of Birth: MO______ DAY______ YR______
______ Relationship ______ Mother ______ Father ☐ ☐ ☐ ☐ ☐	______ (______) Last First Middle Maiden ______ Street Address ______ City State Zip Phone: (______) ______ Area Code Number Date of Birth: MO______ DAY______ YR______

15. With th who m

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16. What is

17. Did you

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WHEN TURN

PARENTS' CHART

Relationship to you	Name, date of birth and, if living, address and phone number	Did this perso have cancer, a or a grow
Mother ☐ ☐ ☐ ☐ ☐	_____ (_____) Last First Middle Maiden _____ Street Address _____ City State Zip Phone: (_____) _____ Area Code Number Date of Birth: MO_____ DAY_____ YR_____	Yes ☐ No ☐ _____ Type or site _____ Hospital where c _____ City
Father ☐ ☐ ☐ ☐ ☐	_____ Last First Middle _____ Street Address _____ City State Zip Phone: (_____) _____ Area Code Number Date of Birth: MO_____ DAY_____ YR_____	Yes ☐ No ☐ _____ Type or site _____ Hospital where c _____ City
		Yes ☐ No ☐ _____ Type or site _____ Hospital where c _____ City
		Yes ☐ No ☐ _____ Type or site _____ Hospital where c _____ City

GRANDPARENTS' CHART

Relationship to you	Name, date of birth and, if living, address and phone number	Did this perso have cancer, a or a grow
Mother's Mother ☐☐☐☐☐	Last First Middle Maiden ( ) Street Address City State Zip Phone: ( ) Area Code Number Date of Birth: MO_____ DAY_____ YR_____	Yes ☐ No ☐ Type or site Hospital where c City
Mother's Father ☐☐☐☐☐	Last First Middle Street Address City State Zip Phone: ( ) Area Code Number Date of Birth: MO_____ DAY_____ YR_____	Yes ☐ No ☐ Type or site Hospital where c City
Father's Mother ☐☐☐☐☐	Last First Middle Maiden ( ) Street Address City State Zip Phone: ( ) Area Code Number Date of Birth: MO_____ DAY_____ YR_____	
Father's Father ☐☐☐☐☐	Last First Middle Street Address City State Zip Phone: ( ) Area Code Number Date of Birth: MO_____ DAY_____ YR_____	

To whose children does this chart refer?

SISTERS' AND BROTHERS' CHART

______________________ | ______________________

Mother's Name **Father's Name**

LIST IN ORDER OF BIRTH

Relationship to you	Name, date of birth and, if living, address and phone number
Sister ☐ Brother ☐ Half-Brother (same mother) ☐ Half-Brother (same father) ☐ Half-Sister (same mother) ☐ Half-Sister (same father) ☐ ☐ ☐ ☐ ☐ ☐	______________________ (________) Last First Middle Maiden ______________________ Street Address ______________________ City State Zip Phone: (________) ______________ Area Code Number Date of Birth: MO______ DAY______ YR______
Sister ☐ Brother ☐ Half-Brother (same mother) ☐ Half-Brother (same father) ☐ Half-Sister (same mother) ☐ Half-Sister (same father) ☐ ☐ ☐ ☐ ☐ ☐	______________________ (________) Last First Middle Maiden ______________________ Street Address ______________________ City State Zip Phone: (________) ______________ Area Code Number Date of Birth: MO______ DAY______ YR______
Sister ☐ Brother ☐ Half-Brother (same mother) ☐ Half-Brother (same father) ☐ Half-Sister (same mother) ☐ Half-Sister (same father) ☐ ☐ ☐ ☐ ☐ ☐	______________________ (________) Last First Middle Maiden ______________________ Street Address ______________________ City State Zip Phone: (________) ______________ Area Code Number Date of Birth: MO______ DAY______ YR______

Did this perso have cancer, a or a grow
Yes ☐ No ☐ ______ Type or site ______ Hospital where d ______ City
Yes ☐ No ☐ ______ Type or site ______ Hospital where d ______ City
Yes ☐ No ☐ ______ Type or site ______ Hospital where d ______ City

IF YOU HAVE ADDI